



JPW

PTO/SB/21 (08-00)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/815,654
Filing Date	April 2, 2004
First Named Inventor	Shunpei YAMAZAKI et al.
Group Art Unit	2822
Examiner Name	Monica Lewis
Attorney Docket Number	0756-7279
Total Number of Pages in This Submission	

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Other Enclosures
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	1.
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	2.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	3.
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	4.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	5.
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.	6.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

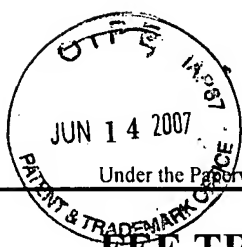
Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	June 12, 2007

## CERTIFICATE OF MAILING

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Type or printed name	Adele M. Stamper		
Signature		Date	June 12, 2007

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**FEE TRANSMITTAL  
FOR FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ ) 300.00

**Complete if Known**

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Examiner Name	M. Lewis
Group Art Unit	2822
Attorney Docket No.	0756-7279

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

50-2280

Deposit  
Account  
NameRobinson Intellectual Property  
Law Office

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17 and
- 
- credit overpayments

- ☐
- Applicant claims small entity status.
- 
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

- ☒
- Check
- ☐
- Credit Card
- ☐
- Money
- 
- Order
- ☐
- Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1001	2001	300	150	Utility filing fee	
1111	2111	500	250	Search fee	
1311	2311	200	100	Examination fee	
Over 100 Sheets/250 for each additional 50					

SUBTOTAL (1) (\$ )

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
-20** =	X	\$50	
Independent Claims -3** =	X	\$200	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
1202	2202	50	25	Claims in excess of 20
1201	2201	200	100	Independent claims in excess of 3
1203	2203	360	180	Multiple dependent claim, if not paid
1204	2204	200	100	** Reissue independent claims over original patent
1205	2205	50	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ )

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65 Surcharge - late filing fee or oath	
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130 Non-English specification	
1812	2,520	1812	2,520 For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251	120	2251	60 Extension for reply within first month	\$120.00
1252	450	2252	225 Extension for reply within second month	
1253	1020	2253	510 Extension for reply within third month	
1254	1,590	2254	795 Extension for reply within fourth month	
1255	2,160	2255	1080 Extension for reply within fifth month	
1401	500	2401	250 Notice of Appeal	
1402	500	2402	250 Filing a brief in support of an appeal	
1403	1000	2403	500 Request for oral hearing	
1451	1,510	1451	1,510 Petition to institute a public use proceeding	
1452	500	2452	250- Petition to revive - unavoidable	
1453	1,500	2453	750 Petition to revive - unintentional	
1501	1,400	2501	700 Utility issue fee (or reissue)	
1502	800	2502	400 Design issue fee	
1503	1100	2503	550 Plant issue fee	
1462	400	1462	400 Petitions, Group I	
1463	200	1463	200 Petition, Group II	
1464	130	1464	130 Petitions, Group III	
1807	50	1807	50 Processing fee under 37 CR 1.17(q)	
1806	180	1806	180 Submission of Information Disclosure Stmt	\$180.00
8021	40	8021	40 Recording each patent assignment per property (times number of properties)	
1809	790	2809	395 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395 For each additional invention to be examined (37 CFR § 1.29(b))	
1801	790	2801	395 Request for Continued Examination (RCE)	
1802	900	1802	900 Request for expedited examination of a design application	
Other fee (specify)				

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 300.00

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 12, 2007.

**SUBMITTED BY**

Name (Print/Type)

Eric J. Robinson

Registration No.  
(Attorney/Agent)

38,285

**Complete (if applicable)**

Telephone

(571) 434-6789

Signature

Date

June 12, 2007